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**CERTIFICATE OF MAILING
(PATENT APPLICATION)**

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By: _____

Application of: Ivan Osorio

Application No.: 10/687,344

Filing Date: October 15, 2003

Title: Screening Techniques For Management Of A Nervous System Disorder

Transmitted herewith are the following documents:

- ☒ Transmittal Form (1 page) in duplicate
- ☒ Preliminary Amendment (10 pages)
- ☒ Return Receipt Postcard

Attorney Case No.: 011738.00149



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/687,344	
	Filing Date	October 15, 2003	
	First Named Inventor	Ivan Osorio	
	Group Art Unit	Not assigned	
	Examiner Name	Not assigned	
Total Number of Pages in This Submission		Attorney Docket Number	011738.00149

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Express Mail Certificate (1 page) Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Date	February 24, 2004

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Application No.: 10/687,344
Amendment dated February 24, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

here the Application of:

Ivan Osorio et al.

Serial No.: 10/687,344

Filed: October 15, 2003

For: SCREENING TECHNIQUES FOR
MANAGEMENT OF A NERVOUS
SYSTEM DISORDER

Atty. Docket No.: 011738.00149

Group Art Unit: Not assigned

Examiner: Not assigned

Confirmation No.:

PRELIMINARY AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Prior to examination, please amend the application as follows:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.